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AF/GP 2604 #

Response Under 37 C.F.R. § 1.116
Group Art Unit 2604, Expedited Procedure

In re Application of:

Docket No. 35.G1460

HISASHI KAWAI

Examiner: W. Garber

Application No.: 08/426,798

Group Art Unit: 2604

Filed: April 24, 1995

Date: October 2, 1997

For: IMAGE INPUT DEVICE FOR INPUTTING
IMAGES OF A PLURALITY OF SUBJECTS
BY SWITCHING IMAGE PICKUP
DIRECTION

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|---|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 32 | MINUS | ** 20 | = 12 | x \$11 \$22 | \$264.00 |
| INDEP. CLAIMS | * 6 | MINUS | *** 3 | = 3 | x \$41 \$82 | \$246.00 |
| Fee for Multiple Dependent claims \$135°/\$270 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$510.00 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$510.00 is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the Extension fee for response within _____ months is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 758-2400. All correspondence should continue to be directed to our address given below.

Zd P. Dama

Attorney for Applicant
Reg. No. 79,296

FITZPATRICK, CELLA, HARPER & SCINTO
277 Park Avenue
New York, New York 10172
Facsimile: (212) 758-2982
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